



# GUARDIAN OF PUBLIC HEALTH UPDATE

January 13, 2012



## Tell Us What You Think!

The Office of Public Health Preparedness has launched a survey to ask Guardian of Public Health readers, what do you think? Our goal is to continue to provide a newsletter that is fresh and of interest to its readers. Your feedback is integral to achieving this goal! The brief online survey is currently live, and can be accessed by clicking [HERE](#). If you receive or read The Guardian, please consider sharing your feedback. It will only take a few minutes of your time, responses are anonymous and greatly appreciated! For questions about this survey, please contact Katie Dunkle at [dunklek@michigan.gov](mailto:dunklek@michigan.gov).

## Communication

### December Health Communication Science Digest

The Science Team in the Office of the Associate Director for Communication at the Centers for Disease Control and Prevention conducted an extensive scan of the expert literature for the public health communication community. Abstracts and articles are [available](#) on social media, health literacy and use of online communications.

## Research

### 40% of Children in the Immunization Information System had an Undeliverable Address

University of Michigan researchers published, "Seasonal Influenza Vaccination Recommendations for Children with High-Risk Conditions: A Registry-Based Randomized Trial" in the January 2012 edition of the American Journal of Preventative Medicine. Researchers found that receipt of a reminder was positively associated with seasonal influenza vaccination, and that more than 40% of children assigned to receive a reminder were determined to have an invalid or undeliverable address, emphasizing the need for increased quality of MCIR contact information. The abstract is available [online](#)

### The Risk of Engineering a Highly Transmissible Strain of H5N1

An eminent scientific journal is considering whether to publish [the methods](#) for transforming the H5N1 virus into a highly transmissible strain. Normally allowing other scientists to reproduce scientific work is helpful, but in this circumstance, experts from the Center for Biosecurity oppose purposefully engineering flu strains to become highly transmissible in humans, because the benefits do not outweigh the risks. One concern is the possibility that the strain would be recreated for malevolent purposes. Even disregarding this risk, scientific publication would encourage others that this is a research initiative worthy of



## Ready or Not? Protecting the Public from Diseases, Disasters, and Bioterrorism

Key programs that detect and respond to bioterrorism, new disease outbreaks and natural or accidental disasters are at risk due to federal and state budget cuts, according to the ninth annual Ready or Not? Protecting the Public from Diseases, Disasters, and Bioterrorism, released by the Trust for America's Health (TFAH) and RWJF. Combined federal, state and local budget cuts mean public health departments can no longer sustain a number of basic elements of preparedness. In the past year, 40 states and Washington, D.C., cut state public health funds, with 29 of those states and D.C. cutting their budgets for a second year in a row and 15 states for three years in a row. Federal funds for state and local preparedness declined by 38 percent from fiscal year (FY) 2005 to 2012 (adjusted for inflation), and additional cuts are expected. Federal funds dropped 14.9% for Michigan from 2010 to 2011, the largest change seen in all the states. Get the [full report online](#).

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January 27, 2012

additional exploration. New approaches for the rapid development of large quantities of medicines or vaccines are needed to protect the population against new emerging viruses, but engineering highly transmissible strains of avian flu is not the way to get there.

### **Evaluation of the Seroprevalence of Influenza A(H1N1) 2009 on a University Campus: A Cross-Sectional Study**

In BMC Public Health [researchers study how](#) far pandemic influenza A H1N1 reached among students at a large university as well as disparities in vaccination and demographics. They recruited 300 volunteers and took blood samples to test for presence of the virus. They also completed a questionnaire to assess risk factors for infection. The research showed that 52.7% of the students tested positive for pandemic influenza A H1N1. They also found that vaccine coverage was low in Blacks and Latinos despite the abundance of free vaccine. The full study is available [online](#).



### **Making sense of Perceptions of Risk of Diseases and Vaccinations: a Qualitative Study Combining Models of Health Beliefs, Decision-Making and Risk Perception**

Authors in BMC Public Health seek to understand risk perception and the decision to vaccinate children to prevent disease. They performed a qualitative study and completed interviews with 45 families of varying vaccination status of their children between 1995 and 1996. The research showed that immunizers were concerned with unknown diseases while non-immunizers were concerned with the unknown risks of vaccination. They also found that many of the participants interviewed felt that diseases were not spread equally in communities. The researchers concluded when disease messages are sent saying a disease affects everyone in a community equally, the message is ignored. The full article is available [online](#).

### **Timeliness of Contact Tracing among Flight Passengers for Influenza A/H1N1 2009**

Researchers study the timeliness of flight-contact tracing of pandemic influenza A H1N1 for disease prophylaxis in BMC Infectious Diseases. They performed a retrospective study creating a timeline of events from the availability of flight lists at one airport to onset of illness and laboratory diagnosis. The research showed of 24 flight contact traces requested, 21 were completed. The delay between the request and contact identification was between two and seven days. Four flights took over seven days to identify the passengers. The researchers concluded that flight contact tracing was not a good method for timely prophylaxis. The full study is available [online](#).

### **Avian Influenza H5N1 Transmission in Households, Indonesia**

In PLoS One, researchers study the outbreak patterns for H5N1 avian influenza transmission in households in Indonesia. They compared 177 cases and 496 contacts in 113 sporadic and 26 cluster outbreaks between July 2005 to July 2009. The research showed the overall household attack rate was 18.3% with a secondary attack rate at 5.5%. The researchers concluded that the reproductive number was too low to sustain human to human transmission. The full study is available [online](#).

# Homeland Security

## Chicago's New Bio-Attack Response Facility

Recently, Rush University Medical Center in Chicago opened a new 40,000 square foot [medical decontamination facility](#). The Robert R. McCormick Foundation Center for Advanced Emergency Response, which will serve as a traditional emergency room in normal circumstances, will be able to conduct large-scale decontamination in the event of a bioterrorism attack.

## How Would You Make the Nation More Resilient?

Presidential Policy Directive 8 (PPD-8) calls on all levels of government, the private and nonprofit sectors, and individual citizens to play a more active and well-defined role in strengthening the Nation's security and resiliency. How do we will work together to best meet the needs of individuals and families, communities, and states to prevent, protect, mitigate, respond and recover from any disaster event? FEMA is launching an [ongoing dialogue](#) asking for public input as they develop the next documents to meet the milestones required by PPD-8. Share and vote online. Your ideas and votes help FEMA understand what works in the real world –in your community, school, or business.

## Regional News

### Region 2 South Medical Operations in Detroit Free Press Marathon

On October 16, 2011, greater than 20,000 people from across the United States and Canada assembled in downtown Detroit to successfully participate in the Detroit Free Press Marathon. For the third year, Region 2 South, in conjunction with the Detroit Medical Center, led medical operations for the event.

As in previous years, the executive leadership from Region 2 South worked with the Marathon team from the Detroit Free Press and Windsor-Essex EMS to develop the medical operations plan for the marathon. Medical resources included three medical first aid stations, eight pre-staged ambulances, seven EMS rover teams, three EMS segway teams, two EMS teams on golf carts, and EMS personnel staged in Canada. Over eighty medical volunteers donated their time and expertise to ensure participants had a successful and safe event.

Region 2 South also contributed tangible medical and communication equipment for use throughout the event. The Region 2 South Mobile Medical Coordination Center was on-scene to house the oversight of the medical operation activities, including central communications and EMS dispatch. Region 2 South also pre-deployed the State's mobile field hospital X-ray unit to the central first aid tent. HAM radio operators were on-scene to contribute their communication capabilities.

In 2009, Region 2 South developed an application on the regional SharePoint portal to input, manage, and track electronic medical records for the marathon participants treated in the first aid stations and by the mobile EMS teams. The system was used extensively again in 2010, and in 2011 for the successful input, management, and tracking of over 275 participants seeking medical treatment throughout the event. This system, one of the first of its kind used in sports medicine, was presented at the American Medical Society for Sports Medicine in April 2010 in Cancun, Mexico. A complete overview and synopsis of the system was published in October 2010 in the Department of Homeland Security's R-Tech Newsletter, a publication that focuses on technology for first responders.

Region 2 South is working to finalize the regional After Action Report for the event. Once finalized, this report will be submitted to the Michigan Department of Community Health to illustrate the coordination of regional staff and resources funded by the Hospital Preparedness Program with other planning partners in southeast Michigan and Canada.

The region will continue to participate in local and regional planning for all significant events in the area throughout 2012. The next major event for which Region 2 South will be involved is the 2012 Chevrolet Grand Prix that will be held on Belle Isle in Detroit from June 1 – 3, 2012.

## National News

### **Some Blame Hydraulic Fracturing for Earthquake Epidemic**

Nine quakes in eight months in a seismically inactive area is unusual says Ohio seismologist, Steve Moritz. Millions of gallons of waste from the process called hydraulic fracturing is being disposed of in a well in Youngstown. The location and timing of the quakes led to suspicions that the disposal well was responsible for Youngstown's seismic awakening. Some of it might have migrated into deeper rock formations, unclamping ancient faults and allowing the rock to slip. The United States Geological Survey, has re-established a project to study induced seismicity in response to the string of suspicious quakes in shale-gas areas.

### **BioSense Update**

The Association of State and Territorial Health Officials (ASTHO), the Council of State and Territorial Epidemiologists (CSTE), and the National Association of County and City Health Officials (NACCHO) are all playing active roles in the redesign of CDC's BioSense System. BioSense is in the very early stages of transition from a CDC-based syndromic surveillance system to a community led, cloud-based system focused on sharing syndromic surveillance and situation awareness data between jurisdictions. The transition will take place over two or more years. An interim governance group is developing a proposed charter for comment by mid-January. States that have expressed an interest in the system will be contacted by ASTHO over the next few weeks to discuss a data use agreement. For more information, visit the BioSense Redesign website.

### **Benign Neglect Perils Children after a Disaster**

This issue of the Dialogue describes the necessity for more attention to be provided to the needs of children and persons experiencing homelessness. The articles describe practical steps that emergency planners and community-based organizations can take to improve emergency preparedness, response, and recovery for children and people experiencing homelessness.



### **ASTHO Profiles State Public Health**

If needing a better understanding of the governmental public health enterprise and the contributions state and territorial health agencies make to public health, the recently released Profile of State Public Health, Volume Two is the best resource. This publication, produced by the Association of State and Territorial Health Officials (ASTHO), gives critical insight into how governmental public health is structured and organized at the state and territorial level and is an unparalleled data source on state and territorial health agency responsibilities, resources, planning and quality improvement activities, and information exchange methods.

## Tools & Resources

### **Variant (Swine Origin) Influenza Viruses in Humans**

CDC recently updated information on the swine-origin influenza virus, including information on the H3N2 variant:

- [Key Facts](#) about Human Infections with Variant Viruses
- [Reported Human Infections](#) with Variant Influenza Viruses in the U.S.
- [Information on H3N2 Variant Influenza A Viruses](#)
- What People Who Raise Pigs [Need To Know](#) About Influenza (Flu).

### **New Mobile Version of the Radiation Emergency Medical Management (REMM)**

You can now [download REMM](#) to your iPad®, iPhone®, Android®, Blackberry® and Windows Mobile®.

### **Novel Flu Cases Prompt New CDC Guidance**

On December 23, CDC confirmed two additional novel flu infections: one case involving a swine-origin H3N2 reassortant strain (H3N2v) and another involving a swine-origin H1N1 variant (H1N1v). In addition to confirming these cases, CDC has released interim guidance for [case definitions](#), [testing patients](#), [specimen collection](#), and [prevention strategies](#) for H3N2v. The full article is available [online](#).

### **New Psychological First Aid Guide to Strengthen Humanitarian Relief**

WHO, the War Trauma Foundation (WTF) and World Vision International (WVI) released the [Psychological First Aid: Guide for Field Workers](#). The guide orients humanitarian workers on how to give basic psychological support, i.e. to listen without pressing the person to talk; to assess a person's needs and concerns; to help ensure that basic physical needs are met; and to provide or mobilize social support, and to protect people from further harm. The guide emphasizes support and protection to people who may need special attention in crises, including separated children and adolescents, people with disabilities, and people at risk of discrimination or violence. It reflects the emerging science and international consensus on how to provide basic support to people in the immediate aftermath of extremely stressful events.

### **Deliberations and Recommendations of the Pediatric Emergency Mass Critical Care Task Force**

In January 2007 an international Task Force for Mass Critical Care proposed [recommendations](#) for emergency mass critical care resources for adults. The Oak Ridge Institute for Science and Education recently convened a panel to provide guidance for pediatric emergency mass critical care, which are outlined in this executive summary.

### **Formidable Footprint - A National Community / Neighborhood Exercise Series**

Led by the Disaster Resistant Communities Group a team of national, regional, state and local agencies and organizations have undertaken an effort to develop, facilitate and evaluate a recurring series of disaster exercises entitled "[Formidable Footprint](#)." This series of exercises serves as an opportunity for governmental agencies along with community and faith based organizations to assess their capability to prepare for, respond to and recover from a variety of natural disasters which affect communities and neighborhoods.

## Training & Events

### **Webinar: Discussion around the use of Pictogram-Based Communication Tools for a Point of Dispensing (POD) Operation.**

*Tuesday, January 17th*



2:00 PM (ET)

Hosted by Multnomah County Health Department Advanced Practice Center

[Register Online](#)

The use of pictograms is a method that local health departments can employ to assist in the navigation of a POD for individuals with low literacy, limited English proficiency, which are deaf or hard of hearing or have low vision. Pictograms are helpful for conveying important health information, directing people to designated locations and assisting people in making decisions. This webinar will showcase two pictogram-based tools developed by local health departments for local health departments, and recommendations for their successful use. Attendees will learn where to access the tools and how to tailor them to communities they serve.

### **Addressing Antiviral Management and Distribution: Considerations in Reaching Tribal Communities**

Wednesday, January 18, 2012

2:00pm - 3:15pm ET

To Register: [Complete the brief online registration form](#)

The Association of State and Territorial Health Officials (ASTHO) is hosting a learning event for state health agency staff who are interested in better addressing the needs of tribes in the event of a pandemic or other emergency. The purpose of this learning event is to disseminate knowledge about the experiences of tribes and states in distributing antivirals during H1N1. The focus will be on practices which worked well for both tribes and states, and considerations for development of alternative distribution and dispensing mechanisms involving the pharmaceutical distributors and community pharmacies.

### **Group Crisis Intervention Training**

February 3 & 4, 2012

8:00 am - 4:30 pm

Cost: \$150.00

To register contact Susan Elben 269-720-6852 or email: [brusue221@aol.com](mailto:brusue221@aol.com)

Group Crisis Intervention is designed to present the core elements of a comprehensive, systematic and multi-component crisis intervention curriculum. The Group Crisis Intervention course will prepare participants to understand a wide range of crisis intervention services. Fundamentals of Critical Incident Stress Management (CISM) will be outlined and participants will leave with the knowledge and tools to provide several group crisis interventions, specifically demobilizations, defusing, Crisis Management Briefings (CMB) and the Critical Incident Stress Debriefing (CISD). The need for appropriate follow-up services and referrals when necessary will also be discussed.

Audience: law enforcement, fire personnel, EMS, dispatch, first responders, hospital staff, mental health professionals, school personnel and business/industry.



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This publication is supported by Cooperative Agreement Number 5U90/TP517018-09 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.